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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 9481

|   |   |   |                        |                                  |
|---|---|---|------------------------|----------------------------------|
| SERIAL NUMBER<br>09/937,464   | FILING OR 371(c)<br>DATE<br>03/24/2002<br>RULE  | CLASS<br>428  | GROUP ART UNIT<br>1775 | ATTORNEY<br>DOCKET NO.<br>P24820 |
| <b>APPLICANTS</b><br>Thomas Benthien, Landsberg am Lech, GERMANY;<br>Stefan Faber, Wadern, GERMANY;<br>Gerhard Jonschker, Spiesen- Elversberg, GERMANY;<br>Stefan Sepeur, Wadgassen- Schaffhausen, GERMANY;<br>Helmut Schmidt, Guedingen, GERMANY;<br>Philipp Stoebel, Saarbruecken, GERMANY; |   |   |                        |                                  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP00/03020 04/05/2000   |   |   |                        |                                  |
| <b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 199 15 377.9 04/06/1999   |   |   |                        |                                  |
| <b>** SMALL ENTITY **</b>   |   |   |                        |                                  |
| Foreign Priority claimed  | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>GERMANY   | SHEETS DRAWING         | TOTAL CLAIMS<br>14               |
| 35 USC 119 (a-d) conditions met   | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance             |   |                        | INDEPENDENT CLAIMS<br>2          |
| Verified and Acknowledged   | Examiner's Signature  | Initials  |                        |                                  |
| <b>ADDRESS</b><br>07055   |   |   |                        |                                  |
| <b>TITLE</b><br>SILANE-BASED COATING MASS WITH A CATALYTIC, OXIDATIVE AND DEODORIZING EFFECT  |   |   |                        |                                  |
| FILING FEE RECEIVED<br>780  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                        |                                  |